Washington State Health Care Authority

Home Health and Hospice (including PPC) Authorization Request*

Home Health or Hospice Program Manager
Division of Healthcare Services – Medical Benefits and Clinical Review
PO Box 45535 Olympia, WA 98504-5535

A typed and completed General Authorization for Information form (HCA 13-835) must be attached to be processed.

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This is confidential information only intended for the person it is faxed to.

To: Home Health or Hospice Program Manager **Fax Number: 1-866-668-1214**

CONTACT NAME		AGENCY NAME	
PROVIDER NPI	PHONE NUMBER	FAX NUMBER	CLINICAL CONTACT
CLIENT'S NAME		PROVIDERONE CLIENT ID	
CLIENT ADDRESS		CITY	STATE ZIP CODE
NAME OF RESIDENTIAL FACILITY (if applicable)			
DSHS (Social Worker or Nurse) Case Manager (if known)		PHONE NUMBER	FAX NUMBER

TYPE OF REQUEST ☐ Limitation Extension ☐ **Prior Authorization Required for Client's With AEM Coverage**

☐ **Prior Authorization Requested for Private Duty Nursing** (Exception to Rule). Answer question #2, submit Hospice plan of care, and fax request to 360-725-1966.

START DATE FOR PRIVATE DUTY NURSING (if applicable):

HOME HEALTH OR HOSPICE-RELATED DIAGNOSIS(ES)	ICD 9 Dx:	DESCRIPTION
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1. What is the reason that Home Health or Hospice is needed, or why does it not meet Home Health or Hospice program criteria? For clients with AEM coverage, how is this related to the emergency condition?

2. What is the client-specific medical justification (or reason for this request) and what services will be provided?

3. For Home Health, why is this client not able to access the skilled care needed in the community?

4. For Home Health, what is the estimated time that the client will receive services?

***The plan of care (including provider orders) must be attached to this request.**